



## Co-Occurring Joint Action Council (COJAC)



### Meeting Minutes May 5, 2010

**Workgroup Co-Chairs:** Cheryl Trenwith (County Alcohol and Drug Program Administrators Association of California: CADPAAC) and Dr. Marvin Southard (California Mental Health Directors Association: CMHDA)

**Workgroup Members:** Director Renee Zito (Department of Alcohol and Drug Programs: ADP), Sophie Cabrera (Department of Mental Health: DMH), Michael Borunda (ADP), Mary Hale (CMHDA & Alcohol and Drug Policy Institute: ADPI), Tom Renfree (CADPAAC), Dr. Sandra Naylor Goodwin (California Institute for Mental Health: CiMH), Madelyn Schlaepfer (CADPAAC), Victor Kogler (ADPI), Elizabeth Stanley-Salazar (Phoenix House & ADPI), Al Senella, Dr. Vivian Brown, and Jim O'Connell (California Association of Addiction Recovery Resources: CAARR)

**COJAC Staff:** Darien De Lu (ADP), Kevin Furey (ADP), and Alice Washington (CiMH)

### **Welcome**

Dr. Southard and Cheryl Trenwith opened the COJAC meeting at 10:15 am.

There was a minor edit to the March 3, 2010 minutes. The minutes were approved with this correction.

Today's agenda was approved with two corrections: ADP will include the Dual Diagnosis Capability in Addiction Treatment (DDCAT) information in their State Report. In addition, the 1115 Waiver discussion will focus on healthcare reform, parity, and how the COJAC Workgroup can address these together.

### **State Reports**

#### **Department of Alcohol and Drug Programs (ADP)**

Michael Borunda provided this report. Renee Zito, Director of ADP, was asked to provide information as well.

Renee Zito invited the COJAC Workgroup to view the FOCUS newsletter. This official ADP newsletter outlines ADP updates. The newsletter is available at <http://www.adp.cahwnet.gov/Pressroom/News/FOCUS.html>.

*Dual Diagnosis Capability in Addiction Treatment (DDCAT) Pilot Project Final Report*

The DDCAT Pilot Project final report is finished. Kevin Furey will email the report to everyone and post it on the ADP website at <http://www.adp.cahwnet.gov/COD/ddcat.shtml>.

The pilot project found that the DDCAT works well in California. The DDCAT tool was well received by the providers. Several COJAC Workgroup members participated in the pilot, and they received high scores.

A workshop at the fall 2010 ADP conference will present information on the DDCAT. The conference dates are October 12, 13 and 14.

### *California Veterans Projects*

ADP reported on their involvement with the Governor's Operation Welcome Home Initiative. Information on Operation Welcome Home is available at <http://www.veterans.ca.gov/>.

- The mission of California's Operation Welcome Home is to directly connect with the 30,000 annually returning California veterans to ascertain their needs and connect them with the services that can help them transition successfully from the military back into the civilian sector.
- The CA Veteran's Policy Academy Team has developed the following vision statement: "So that no Californian is left behind; every California service member, veteran, and their family will have access to the right service, in the right system, to get the best outcome."
- The state is seeking federal VA funding for services provided to veterans.

In addition, the initiative is establishing nine regional centers, which are one-stop career centers, with special funding from the California Employment Development Department (EDD). ADP is hoping counties will collaborate with these centers. Information is available at [http://www.edd.ca.gov/Jobs\\_and\\_Training/Operation\\_Welcome\\_Home\\_CALVET\\_CORPS\\_Program.htm](http://www.edd.ca.gov/Jobs_and_Training/Operation_Welcome_Home_CALVET_CORPS_Program.htm).

The Network of Care website has information on veterans at <http://networkofcare.org/index2.cfm?productid=17&stateid=6>.

ADP organized technical assistance from SAMHSA to fund UCLA/ California Addiction Training and Education Series (CATES) training for over 300 participants statewide on veterans' culture and trauma-informed care.

California is one of the states selected to participate in a National Policy Academy on veterans, to develop a state plan to use existing resources to provide comprehensive responses to the service needs of veterans, Renee Zito, Director of ADP, reported.

Information on ADP's veterans work is available at <http://www.adp.cahwnet.gov/veteran/index.shtml>.

### *ADP COD Unit*

ADP is negotiating with the Department of Mental Health (DMH) in order to maintain the funding for the ADP COD Unit. They are negotiating an extended MOU agreement.

Cheryl Trenwith offered the COJAC Workgroup's support in order to help with negotiations. She stated that they can document the value of the ADP COD Unit's assistance especially with committee work.

#### *UCSF: COJAC Screening Tool*

The UCSF Interagency Agreement is being reviewed. Under this agreement, ADP reserves the right to approve the UCSF publication of any article related to this research on the COJAC Screening Tool. ADP has not made a decision concerning any publications yet.

#### *Alcohol and Drug – Counselors Licensing and Certification Law*

Renee Zito reported that more information about this bill is available at <http://www.adp.cahwnet.gov/legislation/counselor.shtml>.

**Action Item:** At the next COJAC meeting, as part of the ADP State Report, Michael Borunda will present a summary on the work ADP is doing on Fetal Alcohol Spectrum Disorders (FASD). He also reported that ADP has a successful initiative to persuade the manufacturers of pregnancy test kits to include in their kits a warning about the dangers of drinking alcohol during pregnancy.

#### *Department of Mental Health (DMH)*

Sophie Cabrera provided this State Report.

DMH had an Assembly Budget hearing on May 4, 2010. The legislature did not approve the redirection of Mental Health Services Act (MHSA) monies to fund EPSDT. Now, they have a deficit of a few million dollars to reduce.

MHSA provides funds to other departments. DMH must support and document what others are doing with MHSA administrative dollars. This is the focus of the negotiations happening with ADP and the COD Unit.

Sophie provided MHSA updates and other information, which can be viewed at [http://www.dmh.ca.gov/Prop\\_63/MHSA/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/default.asp).

Realignment funds will be down compared to last year's revenues.

Short-Doyle Phase 2 has been implemented as of March 2010 and claims are coming into the system.

DMH has a veterans resources webpage at [http://www.dmh.ca.gov/Services\\_and\\_Programs/VeteransResources.asp](http://www.dmh.ca.gov/Services_and_Programs/VeteransResources.asp).

Also, under the MHSA there will be funding for regional positions for veterans' mental health issues.

California Department of Corrections and Rehabilitation: Individuals with "Irrevocable Parole" status are without services and supervision. As a result there are questions about the meaning of this status and if these individuals can receive services with MHSA dollars, since they need service- and resource- linkage once paroled.

Possible federal funding for technology, under the Behavioral Health High Technology Amendment, is pending.

### **Legislative Update**

Tom Renfree, Executive Director of CADPAAC, provided a legislative report.

*Pre-Discussion: Healthcare Reform*

### **Potential Impacts**

In reality, there will be major changes in the way services are delivered and funded. Medicaid (MediCal in California) will expand services and there may be more federal payments to Federally Qualified Health Centers (FQHCs). FQHCs are the future; and we need to form linkages with primary care and FQHCs, because funding for healthcare services will go through these “medical homes.”

How will our field fit into these changes? Co-occurring services are needed; healthcare providers must be co-occurring disorders-capable by 2014.

CADPAAC will be looking at a lot of these issues and how they can be practical in preparing for these changes.

### **COJAC Workgroup Concerns and Issues**

Cheryl Trenwith stated licensed counselors are important and needed. We must encourage people to enter the educational system in order to prepare them for this work.

Dr. Southard stated that the MHSA Workforce Education and Training (WET) program is dedicated to training the behavioral health workforce. This training will allow them to become COD-capable and certified, based on the requirements in the Healthcare Reform rollout.

Dr. Goodwin stated we do not know what Accountable Care Organizations (ACO) will look like, but they require professional degrees and licenses. How do we train people to become proficient at providing services and help them to obtain the certification they need to work? Especially those people in recovery, working in behavioral health based on their personal experiences, will probably need to obtain more academic training in order to fully qualify under new models of services and insurance with health care reform.

How will behavioral health services coverage change?

- Healthcare homes will be the base for providing all services. Specialty care services, such as behavioral health, will have to link and contract with them.
- Small providers may need to merge or grow in order to survive.
- Providers must be COD-capable, able to contain costs, and must have the skills and tools for measuring what they are doing and their outcomes.
- “Medical necessity” questions are important to address with “utilization review” teams.
- In terms of requirements, that which is required of providers today will only get stronger.

## *Legislative Bill Report*

Tom Renfree reported on the following bills:

AB1599	Establishes Medi-Cal and Drug Screening and Brief Intervention (SBI) Services
AB1600	State parity bill
AB1694	Alcohol fee
AB1701	Pharmacy sales of clean needles and syringes
AB1768	Concerning agreements between Corrections and counties on reentry facilities and/or services
AB1925	Veterans courts
AB2221	Revises the definitions of licensed residential AOD facilities to allow the inclusion of certain medical services.
SB1091	Medi-Cal benefits for individuals awaiting adjudication in county juvenile detention
SB1449	Lowers possession of marijuana to an infraction

## **Committee Reports**

### *Funding*

The committee has rescheduled its calls. The calls occur once a month on Tuesdays. Kevin Furey of ADP sent out an e-mail invitation.

Their work on the SAP includes

- Updating the funding matrix.
- Developing a FAQ for Short-Doyle Medi-Cal billing practices.
- Completing an issue paper on funding barriers.

Dr. Southard asked how Healthcare Reform financing would work including the 1115 Waiver pilots.

### *Youth*

Darien De Lu of ADP provided this report.

The committee members welcomed comments on the "Statement of Necessity" document. Are there any concerns with the document?

## **COJAC Workgroup Concerns and Issues**

- Madelyn Schlaepfer asked why prevention was not included since the statement is focused on treatment. Overall, the question is, "Why does COJAC not focus on prevention?"
- Cheryl Trenwith agreed that COJAC needs to focus on prevention services.
- Michael Borunda stated COJAC started before the MHSA Prevention and Early Intervention program. Also, COD infers there is already a disorder, so how can prevention be added?

- Cheryl Trenwith wondered whether prevention is a separate group/committee, or does it remain with the Youth committee?
  - Is there a need for an “integration committee”: primary care, mental health, and substance use?

Darien De Lu asked the COJAC Workgroup to approve of the “Statement of Necessity” document, which will be used to focus the work of the Youth committee.

Michael Borunda responded that the document is more of a report and, as such, is contained in the approved Youth SAP.

**Action taken:** Accept this document as a report with input given by the COJAC Workgroup. In addition, the vision statement in the document needs to be updated to match the revised one in the COJAC Charter (see below).

### *Treatment and Screening*

Cheryl Trenwith reported. She does not know if they had a meeting.

### *Partnership*

Dr. Goodwin and Darien De Lu reported on the updated COJAC Charter.

They reviewed the proposed changes from various COJAC members.

### Changes and Additions

#### ***Vision statement***

Added “for recovery and wellness” to the end of the vision statement: “One person, one team, one plan for recovery and wellness!”

#### ***Core Values of the COJAC***

Added hope under first core value

Added an Empowerment section

Changed the Access section

- Added the importance of including community supports and the role of establishing and strengthening natural supports

Under the Dignity, Respect, and Stigma Reduction section

- Changed stigma reduction to social inclusion and changed “negative” attitudes and behaviors to “positive” attitudes and behaviors

Dr. Goodwin and the COJAC Workgroup were okay with these changes.

### **Healthcare Reform, Parity, and 1115 Waiver**

## 1115 Waiver

Victor Kogler reported on the Department of Health Care Services (DHCS) Behavioral Health Integration (BHI) Technical Workgroup products which are available at <http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx> or <http://www.dhcs.ca.gov/provgovpart/Pages/TechnicalWorkgroupBHI.aspx>.

The BHI Technical Workgroup had four meetings and developed a set of recommendations which include four pilots. This information is located at [http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/BHTWG\\_pilot\\_approaches.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/BHTWG_pilot_approaches.pdf).

The four pilots are

1. Integrate Behavioral Health in the Person-Centered Health Care Home in an Organized Delivery system for “Seniors and Persons with Disabilities”
2. Integrate behavioral healthcare core components and/or substance use treatment in a Health Care Coverage Initiative (HCCI) county
3. Integrate behavioral health and substance use services in a HCCI county with a focus on Frequent Users population
4. Develop a mental health and/or substance use benefit for inclusion in the benefits package offered through a HCCI

The following questions remain:

Question 1-Who will step forward to try one of these pilots?

Question 2-What about funding? What can people negotiate? How do they create local partnership?

### *Healthcare Reform and Parity*

Parity and the regulations are very specific and directive.

The role of public mental health comes into question, and it is the same question for that of substance use. Will both systems be “gobbled up” by the healthcare system? The Recovery Vision and rehabilitation could be lost in a medical system of care. Therefore, there is a need to align mental health and substance use treatment services, with an emphasis on letting go of the fears that each would be gobbled up. The COJAC Workgroup discussed their role in an integrated health system.

- How do we serve our clients in the best possible way?
- How do we address recovery?
- How do we address the need to be COD-capable?
- Do the committees, training, and staff development structures in the two behavioral health areas remain?
- And framing it for COJAC, how do we address committee structure and challenges?
- Does the COJAC Workgroup look at its Charter and SAP through the lens of integration?
- How does COJAC re-evaluate its partnerships?

One thing remains: our work must focus on client needs and outcomes.

### **Action Item:**

COJAC Workgroup would like to have a day-long meeting with the CMHDA Waiver Workgroup and CADPAAC Healthcare Reform Workgroup in order to

- Develop a joint committee whose purpose is to look at Healthcare Reform and the impact on our systems and report back to the COJAC Workgroups its findings. The meeting's proposed focus is to
  - Develop a list of areas we need to work on together.
  - Develop a vision and some principles.
- Think about how to add primary care to this joint committee.

This day-long meeting would be professionally facilitated.

### ***Impact on COJAC***

The impact on COJAC is to help the Workgroup understand the needed structural and work modifications including

- Their role.
- How to go forward as it relates to healthcare reform.
- Addressing areas requiring attention for success.
- Knowing the opportunities that will allow the COJAC Workgroup to get its house in order.

This day-long meeting is proposed for September 2010.

Michael Borunda will speak with ADP Director Renee Zito about this proposal. He will also e-mail DMH. The department directors must approve this meeting.

Dr. Southard will bring this proposal to CMHDA and Cheryl Trenwith will speak with CADPAAC members.

This will be an ***agenda item*** for the July 2010 COJAC meeting.

### **New and Old Business**

None

### **Next Meeting**

Date: July 7, 2010  
Location: CiMH Offices  
2125 19<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Sacramento, CA 95818  
Time: 10:00 am to 3:00 pm